

PHILADELPHIA MEDICAL TIMES.

SATURDAY, MARCH 7, 1874.

ORIGINAL COMMUNICATIONS.

CASE OF SMALL ROUND-CELLED SARCOMA.

BY CHARLES B. NANCREDE, M.D.,

Assistant-Surgeon P. E. Hospital.

THE patient, Lizzie H., æt. 13 years, first complained of pain in the right side of the thorax, which ceased within forty-eight hours, and then recurred only after the lapse of two or three weeks. On examination by her mother, a small tumor, the size of a hazel-nut, was found about the middle of the outer surface of one of the lower ribs, probably the seventh. I first saw the patient on November 14, 1872, at the University of Pennsylvania, where I was then acting as Dr. Strawbridge's chief of clinic. She then had diplopia, owing to paralysis of the external rectus of the right eye, and also suffered from pains over the right brow and side of the head. The diagnosis then made was that of intracranial tumor, compressing the right abducent nerve. At a subsequent visit, she complained of "the lump in her side,"—now increased to the size of a hen's egg,—which was diagnosed by Prof. Agnew, Dr. W. F. Norris, and others, as probably being an enchondroma of the ribs, accompanied by a secondary deposit at the base of the brain, causing the divergent squint. Prof. Agnew declined to remove the tumor of the ribs until the head-symptoms were relieved.

For a month no change in the fundus of either eye could be detected with the ophthalmoscope; later, there seemed to be a slight haziness, and some projection of the right papilla. This, owing to a marked astigmatism, was difficult to determine positively. The patient had frequent attacks of headache, lost strength and flesh, and had a capricious appetite; all the while the tumor was increasing and rapidly involving the adjacent ribs. About January 1, 1873, œdema of the left eyelid was noticed, varying in degree from day to day. In two weeks' time this partially subsided, and a small tumor at the outer part of the orbit, just beneath the superciliary ridge, was discovered. The latter rapidly increased, displacing the eye downwards and outwards, and was occasionally accompanied by marked œdema of the lids. After each attack of œdema there was a decided increase of the tumor. The vision of the eye was not affected.

During the latter part of June, 1873, the same condition supervened in the right orbit: both of the growths enlarging, bulging upwards and outwards the orbital plates of the frontal bone, with protrusion of the eyes, injection of the conjunctiva, and, finally, ulceration of both corneæ. There also commenced at this time a small, soft growth on the vertex. During the latter part of July, 1873, another growth commenced on the right masseter muscle. This increased very rapidly, and extended into the back part of the mouth, where ulceration soon commenced. It became so large, and so involved the muscle, as to cause almost complete closure of the mouth.

During the last three months of life, mydriasis came on in both eyes, commencing in the left, with concomitant loss of sight. From an early period of her illness, she was annoyed by indefinite abdominal pains, preventing sleep, and towards the close of life these became so severe as to require large doses of morphia. At first the general health was good, but latterly deteriorated rapidly. Six weeks before death the patient became totally blind, owing to the destruction of the corneæ from ulceration, and there were repeated hemorrhages from the stumps. For three or four weeks before death there was a slight cough present, and the tumor in the side ulcerated in two places, from which several severe hemorrhages occurred. At this time she also suffered from deafness of the right ear. She died quite suddenly, during sleep, on November 1, 1873.

In the post-mortem of the above case I was assisted by Dr. F. P. Henry, who kindly made for me the following notes:

A large hemispherical tumor occupied the left anterior half of the frontal bone, and extended below it, so as to involve the orbit and its contents. Its transverse diameter extended from the root of the nose to a little beyond the external angular process of the frontal bone; its perpendicular diameter, from the infra-orbital ridge nearly to the commencement of the hair. The eyebrow crossed the tumor at its centre. A similar tumor occupied the right side of the frontal bone, but was situated more externally, its centre corresponding to the external angular process, with a radius of about an inch. A third smaller tumor was situated over the right masseter muscle, and, by its growth inwards, had involved the alveolar processes of the superior maxillary bone and caused the loss of one of the molar teeth.

Both eyeballs were extruded, but the exophthalmos was more marked on the left side. The balls were completely disorganized, a bluish, semi-transparent disk marking the situation of the cornea; but there was nothing resembling a staphyloma.

On removing the scalp, a number of hemispherical tumors were found beneath the pericranium, varying from the size of a split pea to that of a section of a walnut. These tumors when cut into were yellow-white in color, and of a cheesy consistence. The largest of them was over the posterior fontanelle. There were two on the coronal suture, one in the median line, the other on the right side near the anterior border of the temporal muscle. There was a fourth beneath the left temporal muscle nearly as large as the one over the posterior fontanelle, and a fifth, smaller, at the posterior border of the same muscle. Besides these, there were a number of smaller growths scattered over the cranial surface, from the size of a split pea to that of a section of a filbert. On removing the skull, the largest of these—viz., the one over the posterior fontanelle, those on the coronal suture, and the one beneath the left temporal muscle—were found to be attached

to the dura mater, and involved the bone in its entire thickness. The veins covering the convolutions were engorged with blood,—the venous engorgement being more marked over the right hemisphere. The dura mater, beneath the tumors described, was adherent to the brain. With the exception of these adhesions, the brain was healthy. A small amount of fluid, estimated at one drachm, was found in each lateral ventricle. The tumor observed externally on the left anterior half of the frontal bone was found to be adherent to the dura mater at the sphenoidal fissure and its neighborhood, its point of attachment having a diameter of about an inch. The roof of the left orbit was broken open, and its cavity examined. No trace of eyeball, muscles, or nerves was found, the orbital cavity being completely filled by the tumor.

At the right side of the thorax was a large pyriform tumor, its base extending from the inferior angle of the scapula to the lower border of the ribs, its apex looking outward and projecting from the thorax. It bore a striking resemblance to a mammary gland. At its apex was a circular ulcer nearly an inch in diameter, covered with a grayish-yellow slough; above this was another about half the size, and presenting the same sloughy surface. This tumor was but a portion of a much larger growth, which occupied about three-fourths of the right pleural cavity, displacing the lung upward and backward, and compressing it to such an extent that its tissue was not readily recognized. The left lung was healthy. Both ventricles of the heart were filled with fluid blood. The liver occupied a lower position than normal, being apparently crowded down by the tumor in the thorax.

On microscopic examination were found the ordinary cell-elements of small round-celled sarcoma,—viz., round, and, in some portions, spindle-shaped, nucleolo-nucleolated cells, imbedded in a delicate, faintly-fibrillated stroma.

There are several points of interest connected with this case, to which I shall briefly refer. According to Knapp, changes in the ophthalmoscopic appearances of the eye generally accompany intra-orbital growths, and necessarily do so when the optic nerve is involved. But in this case there was no appreciable change in the fundus of either eye, even within a few months of death, although there must necessarily have been pressure exerted by the growths on the optic nerves. Again, notwithstanding the great amount of disease discovered in the right pleural cavity after death, there were no ante-mortem symptoms beyond dyspnoea and a slight cough, which only came on about three weeks before death. In addition to these slight symptoms, at one time I detected what I thought to be a fluid effusion in that side of the chest; for there was dullness on percussion and absence of respiratory murmur at least two inches higher than a subsequent exploration revealed.

As regards the frequency of such cases, I have carefully searched through most of the English and French works on diseases of the eye and on general surgery, and have been unable to discover with certainty any similar ones. In two cases—one re-

ported by Abernethy,* the other by Paget†—the growths seemed to have been similar in their site, but neither was secondary to, or contemporary with, other like deposits. I wish to make it clear that I do not refer to recidivars after extirpation of the eyeball, for they are common. Many of the cases I have met with in my reading, especially among writers of the earlier part of this century, that have been classed as encephaloid, seem to have been really sarcomata. Galezowski refers to Nélaton's Clinical Surgery as mentioning several; but, on examining the record, they are found to be described as encephaloid. Owing to no description of their microscopical appearances being given, I think it best to pass them over.



The drawing was made about two months before death. When this took place, the morbid changes were still more marked.

REMARKS RELATIVE TO THE USE OF GELSEMINUM IN THE TREATMENT OF INTERMITTENT FEVER AND IRRITABLE BLADDER.

BY JAMES D. MCGAUGHEY, M.D.,

Wallingford, Connecticut.

GELSEMINUM has been before the profession for a number of years, and, although possessing valuable therapeutic powers, has not come into general use, and does not receive the attention that should be accorded to it. I have been somewhat surprised to find that there are many physicians who have never prescribed it, and who know nothing about it. This seems to be the case more especially with country, or, as our metropolitan brethren love to term us, "rural," physicians, who with increased age get to running into routine channels, diminishing their materia medica until but few medicines are left, and continuing the use of these to the exclusion of others, because, having tried them for years, they "know what they can do with them," not realizing that certain ends which they

* Surgical Observations on Tumors, etc., p. 43. London, 1811.
† Paget's Lectures on Surgical Pathology, p. 469.

may have attained with their exclusive materia medica can be more easily, scientifically, and quickly reached by other remedies gradually coming into use. Some physicians have a particular fear of those remedies which, if taken to a certain extent, produce their physiological effects upon some particular organs or parts of the economy, and look upon those who use them, especially if younger in the profession, as audacious spirits, whose temerity will be properly tempered by age. According to my experience, gelseminum is one of those remedies whose therapeutic powers are not fully brought into play until its physiological phenomena are produced. Its remedial qualities may be exerted, though, to a certain extent, prior to its paralyzing effect upon the motor nerves of some muscles; but to be useful to its fullest extent it should be carefully given until the eyelids begin to droop. I deduced this opinion from having observed its action while using it in intermittent fever; and, this being the case, many abandon it because they derive no benefit from it, or because the unpleasant complaints of unreasonable patients more than counterbalance the good achieved. Gelseminum has been used in quite a number of diseases: lauded by some, condemned by others; of ephemeral reputation in some localities, a permanent and much-used medicine in others. I do not intend to say anything relative to its therapeutic power in any disease except two,—intermittent fever, and irritable bladder. In the latter, I have had but a limited experience; in the former, my opinions are deduced from a large number of cases. I have used it in intermittent fever to assist cinchona in overcoming those cases that resisted bark when used alone, and have been highly pleased with the success I have uniformly met with.

I will more particularly mention the varieties of intermittent fever in which I have found gelseminum most useful. Every physician who has had to deal with intermittent fever has met with cases of a regular paroxysmal form, quotidian, tertian, or otherwise, easily controlled by quinine; yet after a certain length of time the paroxysms return again and again, necessitating larger antiperiodic doses, until the alkaloid has become useful only in preventing for a short time the attack, having lost its curative powers altogether. In such cases gelseminum shows its antimalarial powers to a gratifying extent. If, after taking, as it were, a new start in the treatment of such a variety of intermittent fever, we attend to any congestion or inaction that may be lurking about the abdominal viscera, and combine quinine with gelseminum, and give them until the latter produces its physiological effects, the inveterate catenation of morbid action will be broken in upon without failure in almost every case, and there will be but little danger of relapse until the subsequent season. Of course it will fail to produce the desired effect in a small percentage of cases, as we claim no specifics in the regular practice.

The second variety is where, in the beginning of autumn, the malarial cases lose their regular paroxysmal form, and are characterized by irregular chills and sweats,—a partial paroxysm sometimes occur-

ring in the morning or afternoon,—occasionally alternate fever and sweating during the night; loaded tongue; pains in the bones and joints all over the body; headache; anorexia; nausea; high-colored urine; occasional dysenteric symptoms; malaise, etc. If quinine has been used alone in these cases without any amelioration of symptoms, the vagary of malaria still holding its curious anomalous course, gelseminum, added to the treatment and pushed to considerable weakness of eyelids, will generally conquer the disease in a short time.

Its effects in one case that came under my observation during the past season seemed more magical than otherwise; though such an extravagant term is hardly allowable in sober medicine. I feel pretty well assured that if physicians will give gelseminum a fair trial in connection with quinine, in cases where quinine alone has failed to cure, they will meet with gratifying success; provided they push the gelseminum until its physiological effects are produced. I think it is of prime importance, in all cases of malarial fever, to attend strictly to the condition of the abdominal viscera,—to keep the eliminative organs, bowels and kidneys, in a state of activity. It is to the neglect of such precautions that we are to attribute so many failures in administering quinine. I paid attention to this point in the treatment of about one hundred and twenty-five cases of intermittent fever which have come under my observation in the past two years, and I am fully convinced that if we ignore the condition of the abdominal viscera, and recklessly rely upon the antimalarial powers of quinine alone, or its accessories, the fame of cinchona as a "specific" will never be vindicated or realized.

Gelseminum has been recommended by some physicians in gonorrhœa, but I cannot see upon what grounds. It has some control over the mucous membrane of the bladder and urethra, but none at all, I think, over the specific inflammation produced by gonorrhœal virus.

Dr. W. Scott Hill, of Maine, in the *American Journal of the Medical Sciences* for January, 1872, reports five cases of irritable bladder successfully treated with gelseminum combined with bromide of potassium; but how much of the cure depended upon the bromide he does not seem to say. A relapse of Case II. "was successfully treated with gelseminum alone," says Dr. Hill; but bromide of potassium was a prominent constituent in the treatment of the other five cases (including the second, excepting the relapse). A few days ago a gentleman called upon me to treat him for gonorrhœa. After taking the usual treatment for a day or two, the discharge stopped; he took cold, and the discharge returned worse than ever; the foreskin became infiltrated, and there was great pain in making water, with considerable depression of spirits. By rest and careful treatment he improved: the discharge again stopped, but the bladder had become very irritable; he was compelled to pass water every fifteen minutes, with pain and scalding, only a few drops coming away at a time. Gonorrhœal treatment was omitted, and I placed him upon a combination of bicarbonate of potassium and morphia.

After three days he returned, and reported no improvement. I then gave him bromide of potassium, bicarbonate of potassium, fluid extract of gelsemium, a little fluid extract of buchu, and tincture of lupulin. In a day or two he was entirely relieved. While taking the gelsemium the gonorrhœal discharge *reappeared*, and he was compelled to return to injections and to cubebs; and, as his health was somewhat impaired, and the discharge chronic, quinine, iron, and cantharides were used to complete the cure. This case corresponds with those of Dr. Hill, and further corroborates his observations as to the beneficial effects of gelsemium in irritable bladder, provided bromide of potassium has no controlling powers over the irritable conditions the urinary mucous membrane sometimes gets into. Gelsemium being so useful in irritable bladder, it seems reasonable to suppose that, combined with bromide of potassium, it would be quite an efficient agent in combating urethral fever, and in allaying the extreme sensitiveness that sometimes arises in cases of those addicted to onanism. Perhaps spasmodic stricture might be overcome by it, as its power in paralyzing the motor nerves of some muscles certainly shows it has antispasmodic virtues. Extended, cautious observation relative to the therapeutic value of gelsemium will, I think, establish it as a first-class remedy, to be depended upon in certain emergencies, answering certain indications that can be supplied by no other medicine.

ANALYSIS OF ONE HUNDRED CASES IN OBSTETRIC PRACTICE.

BY J. H. BLATNER, M.D.

CASES.

L EFT occipito-anterior	49
Right occipito-anterior	30
Placenta prævia centralis	1
Placenta prævia lateralis, complicated with shoulder-presentation	1
Lateral plane, with prolapse of hand and arm	1
Prolapsed uterus	1
Placenta accreta	4
Left occipito-anterior complicated by tumor at junction of coccyx and sacrum	1
Twins, complicated with laceration of the cord	1
Cord about neck of child	4
Face-presentation	2
Eclampsia, complicated labor	1
Constricted band from superior to inferior commissure, complicated labor	1
Hand and arm prolapsed	2
Abortion in consequence of typhoid fever	1

Total 100

Auscultation of the number of pulsations of the foetal heart, with a view of determining the sex in utero, tested in 20 cases.

Five females, pulse ranging from 135 to 180; 9 males, pulse ranging from 110 to 130: diagnosis correct in 14 cases.

PLACENTA PRÆVIA CENTRALIS.

Mrs. P., æt. 22, robust constitution, primipara. Had hemorrhages during the third, fourth, fifth, and seventh months of pregnancy. The hemorrhage being per-

sistent during the latter month, the diagnosis of placenta prævia was made. At this time labor-pains also set in, and the hemorrhage continued. Having made but little progress after twelve hours of labor, and having employed the tampon and a rubber bag filled with water to check the hemorrhage, with but little success, we concluded to dilate the os and cervix with Barnes's dilators. The dilators were used during the day, when, the os being sufficiently open to admit the passage of a few fingers, rapid dilatation was effected by means of the fingers and hand. The insertion of the placenta being directly over the os, it was almost entirely removed, and podalic version performed. Very little hemorrhage followed the operation. After the delivery of the foetus, a small portion of placenta was found to be adherent to the inferior margin of the anterior surface of the uterus. The hemorrhage following the operation was not such as we would naturally expect with an adherent placenta. I attribute the recovery in this case to the method of treatment, viz., the rapid dilatation of the os and cervix, and the quick termination of labor, known as the *accouchement forcé* of the French writers. A few days after confinement parametritis developed itself, followed by pelvic cellulitis and the formation of a pelvic abscess. The abscess finally opened through the posterior wall of the vagina.

The remaining history of this case is that of a slow recovery. The patient is now in good health, and has since miscarried again at the fifth month of pregnancy. The complications attending the lying-in state were treated by carbolic acid injections, tonics, and a supporting regimen.

SHOULDER-PRESENTATION, COMPLICATED WITH PLACENTA PRÆVIA LATERALIS.

Mrs. G., æt. 35, robust constitution, multipara. Had at her first labor twins which were still-born, and at her second a macerated foetus. During this, her last confinement, pains came on early, and no diagnosis of the presentation could be made during the first twenty-four hours of labor. After a siege of nearly forty-eight hours, the following condition of things was found. The shoulder was presenting at the os, and on one side the margin of the placenta could be easily distinguished. Auscultation was repeatedly employed, but it gave no clue as to whether the child was living or dead. The pelvis being somewhat contracted, and the patient fast failing in strength, podalic version was determined upon, and performed while the patient was under the influence of chloroform. After considerable trouble in turning, owing to the escape of the amniotic liquor, an asphyxiated child was delivered, but could not, however, be resuscitated.

The placenta was found to be attached low down, and partially at the inferior margin of the uterus and os internum. Considerable hemorrhage followed its removal, but was controlled by means of pressure, ergot, cold applications, etc. The patient rallied well while in child-bed, and is at present in good health. The only objection to version in this case might have been the possibility of detaching the placenta during the operation, and thus engendering a dangerous hemorrhage. But the position of the child and the late hour at which a diagnosis was made in this case admitted of no other course of procedure.

Should a similar case occur again in my practice, I would, provided I could make a diagnosis sufficiently early, employ rapid dilatation, and effect as speedy a delivery as possible, in order to save the life of the child, the cause of whose death in the case cited was undoubtedly the long-continued pressure upon the placenta and cord.

*LEFT LATERAL PLANE PRESENTATION, WITH PRO-
LAPSE OF THE ARM AND HAND.*

Mrs. D., æt. 40, pale and anæmic, multipara. Has had six previous confinements, most of which were breech-presentations. At my first examination, which was twelve hours after uterine contractions had begun, and the waters broken, I found a hand and arm filling up the vagina, and, upon introducing my finger into the os, plainly felt the thorax of the child. By external manipulation I found the head in the left side of the mother. Examining the position of the hand, which lay with its palm towards the anterior surface of the vagina, I diagnosticated a lateral plane presentation, with the abdomen of the child towards the anterior surface of the vagina. The pulsation of the fetal heart was heard on the left side below the umbilicus, and at the rate of 132 per minute. Podalic version was the only plan of treatment indicated, and it was accordingly performed with much difficulty, and only after repeated attempts. The extremities and thorax were easily brought down as far as the head, which would not yield.

Sneller's method of hooking the finger in the mouth of the child was first attempted, but, it proving unsuccessful, I employed the method generally known under the name of the "Prayne manipulation." This consists in bringing the body well down, placing the first and third fingers on the nape of the neck, bringing the occiput under the symphysis by drawing the body of the child well towards the nates of the mother, and then raising the body towards the abdomen of the mother, by means of which the forehead and face are carried over the perineum. The only objection to this treatment is the impossibility of supporting the perineum, as both hands of the operator are in use. The danger of tearing the head from the trunk, as stated by some authors, is hardly, I think, to be dreaded; in case of a macerated fœtus it might possibly occur. By this manipulation I succeeded in delivering the fœtus, which proved to be, as I had suspected from the fœtal pulsation, a male child, with an unusually developed, although not hydrocephalic, head. The patient progressed towards convalescence without any interruption. The child, which was born in an asphyxiated condition, was resuscitated by introducing a small catheter into the larynx and thus inducing artificial respiration.

*LABOR IMPEDED BY A BONY TUMOR AT THE JUNCTION
OF THE SACRUM AND COCCYX.*

Mrs. R., æt. 40, weak constitution; has had two previous confinements, the first of which was tedious, but terminated naturally; at the second confinement she was attended by a homœopathic physician in Brooklyn, who applied the forceps after she had been in labor for over forty-eight hours. The patient states that when the child was delivered with the forceps she felt something snap or break. At her third confinement, in which I attended her, the pains came on well, and the os dilated rapidly. Everything progressed normally until the head had fairly entered the excavation of the pelvis, when it seemed to lie impacted. Upon making a more careful examination of the bony structure of the pelvis, I found just at the junction of the sacrum and coccyx a hard resistant body, about the size of a walnut, with one end flattened, which evidently was the cause of the non-advancement of the head. Upon questioning the patient more closely, I discovered that she had sustained a fall upon her back and buttocks when 17 years of age, and was lamed in consequence for some time after. The tumor was apparently caused by the union of a fracture of the lower end of the sacrum, with resulting exuberant callus, and anchylosis of the sacro-coccygeal joint.

After consultation with Dr. Vanderveer, we decided to apply the forceps. The head, being small, was easily

delivered without any unpleasant complication. With the exception of a very lame back, the patient convalesced nicely. The head of the child bore no impression whatever, and it is to this day living and in good health.

FRAGILE CORD—LIGATURE APPLIED THREE TIMES.

On January 8, 1873, I attended, for my friend Dr. Case, Mrs. M., a healthy multipara, in her second confinement. The case was a perfectly normal one, and nothing untoward happened until I proceeded to ligate the cord, which, as is my custom, was tied about three inches from the navel. The first ligature, which was not tightly drawn, cut through the coats of the umbilical vessels, and copious hemorrhage ensued. I immediately applied a second ligature, but with the same result. The ligatures of which I had made use were composed of five or six strands of cotton thread; I have found them serviceable in most cases. Compressing the bleeding vessels with my fingers, I sent for some broad tape, and finally succeeded in ligating the cord by means of it, there only remaining about one inch of the cord attached to the umbilicus. Was this a case of fatty degeneration of the umbilical arteries and veins? It certainly demonstrates the necessity of not cutting the cord too near the navel.

*TWINS AT SEVEN MONTHS, COMPLICATED WITH LAC-
ERATION OF THE CORD.*

Mrs. T., a French lady, æt. 28, multipara. I was called in great haste on the 28th of June, by a message stating "that the woman was bleeding to death." When I arrived I found the patient very feeble, and almost as pale as a cadaver. The bed was drenched with blood. Upon inspection, I discovered a seven-months' fœtus already born, and immediately tied the cord. Examining per vaginam, I felt the breech of a second fœtus, which was not advancing, as there were no uterine contractions, and the uterus was almost in a state of atony. There being no time to lose, I extracted the second fœtus, and in doing so must have lacerated the cord, for there was very profuse hemorrhage, which I afterwards found came from the laceration in the cord. The placenta almost immediately followed. The hemorrhage ceased when pressure was applied above and below the laceration, until I had an opportunity to apply the ligatures. The placenta was divided in two parts by a membranous ridge. The patient needing all my attention, I could make no attempt to resuscitate the children. The patient made a very slow recovery, and is yet suffering from anæmia.

*LABOR COMPLICATED BY THE PRESENCE
OF THE HYMEN.*

BY E. P. BERNARDY, M.D.

ON the morning of the 8th of November, 1873, I was called to attend Mrs. E. M., æt. 20, in her first confinement. On arriving, I found the patient had suffered all the day before; the pains were not strong. On making an examination for the purpose of discovering the condition of the os, my finger came in contact with what I first supposed to be the smaller left lip of the vulva; but on directing my finger towards the right side I was able to enter the vagina without much difficulty. The os was completely dilated, bag of waters ruptured, vertex presentation in the left anterior position. Notwithstanding the pains, the head remained fixed at the superior strait.

On withdrawing my finger, I gave it a hooked shape, and when near the exit I was unable to withdraw it, on account of its being held back by a membrane, which, on exposure, I found to be the hymen. It extended from the lower back portion of the meatus urinarius along the left side of the vulva down to the fourchette, leaving a space on the right side large enough to introduce the first two fingers. The hymen was very flexible, and easily pushed towards the left side.

After waiting for nearly four hours, and finding labor had made no progress, and the patient getting weak, I determined to deliver with the forceps (Wallace). I first cut the hymen, which was done by my slipping my left index-finger under it, putting it a little on the stretch, then, running a bistoury along the finger, I cut it in half; the cut was followed by a few drops of blood; the forceps were applied, and the patient delivered of a fine, healthy boy.

The patient did well, with the exception of some irritation of the bladder, which yielded to treatment. In treatment of the cut, carbolized oil was used.

In questioning the husband, he stated that he was unable to have intercourse without subjecting his wife to great suffering, and that on several occasions he had to cease from the attempt.

I report the case, believing that it will prove interesting to your readers, as such cases are very rare.

PHILADELPHIA.

NOTES OF HOSPITAL PRACTICE.

CHARITY HOSPITAL, BLACKWELL'S ISLAND, NEW YORK.

CLINIC OF PROF. LEWIS A. SAYRE.

Reported by FRANK WOODBURY, M.D.

CARIES OF CLAVICLE AND STERNUM—SAYRE'S APPARATUS FOR FRACTURED CLAVICLE.

THIS patient (a man, aged about 28 years) has caries of the clavicle and sterno-clavicular articulation, over which there are a number of sinuses; there is also one over the middle of the sternum. He dates the disease from a bruise in this situation, caused by being "jammed" by a horse, some months ago. This is a *strumous* affection, according to some surgeons, but I consider it purely local. To me the morbid process here was as simple as that in an ordinary abscess, for which we are not in the habit of invoking a special diathesis. At the time of the injury the tissues and periosteum were contused; periostitis followed, which caused the death of a portion of bone; an abscess naturally resulted, which gradually worked its way to the surface, and the bone continued in a carious or ulcerated condition. A bone-abscess is as simple as an abscess in the soft parts, only its progress is slower.

Ether having been administered, we will now expose and scrape away all the dead material, but will leave the periosteum as perfect as possible, so as to encourage the formation of new bone. The subject of the reproduction of bone is one of great interest in conservative surgery, and has excited general attention during

the last few years by some of the surprising results that have been reported, which I need not recall to you.

The sinus over the sternum is treated in the same way. The disease is found to involve almost the entire thickness of the bone. Had this abscess opened into the chest instead of externally, the sternum would have required early trephining in order to prevent empyema and serious chest-trouble.

As the sterno-clavicular support to the shoulder is destroyed by the removal of the inner extremity of the clavicle, we will endeavor to keep the clavicle at rest until the periosteum reproduces the bone. To do this we will apply my adhesive-plaster dressing for fractured clavicle. When the clavicular brace is destroyed by fracture or disease, the shoulder falls downward, forward, and inward; the outer fragment of the clavicle (drawn down by the weight of the arm through its ligamentous and muscular attachments) is overridden by the inner portion (elevated by the sterno-cleido-mastoid). The object of every method of treatment is to force the shoulder upward, outward, and backward, and to keep it in that position. These indications can be perfectly fulfilled by two broad (three-inch) strips of adhesive plaster, about one-half yard long. The end of the first strip is doubled over and stitched so as to form a loop, a little larger in circumference than the middle of the arm. This is slipped over the arm, after being heated, so that it adheres to it around the belly of the biceps. The elbow is then pushed upward and backward, and held there while the strip is carried transversely across the back, entirely around the chest, and the end fastened to the body of the strip at the back. Now, if the elbow of the affected side is brought forward, and the hand placed on the opposite clavicle, the first loop around the arm acts as a fulcrum, and the other extremity of the humerus and the shoulder are forced upward, outward, and backward. The arm is held in this position by the second strip of plaster, which, starting from the sound shoulder, runs along the fore-arm under the elbow, and obliquely across the back to its origin, where it is fastened. By this means the deformity is perfectly reduced in fractured clavicle; and, as the same indications require to be fulfilled in this case, we will here apply it. Taking the patient by the affected arm, he can be whirled around on his heels without producing displacement or pain. With the imported plaster that I use, the apparatus does not need reapplication, but may remain undisturbed until the bone unites.

CHRONIC SYNOVITIS OF ELBOW-JOINT.

This man is a blacksmith, aged about 40. A year ago he contused his elbow, and, although it remained weak and somewhat swollen, he was not prevented from working at the anvil until ten weeks ago. Then it became inflamed, swollen, and so painful as to deprive him of rest at night.

It may eventually be necessary to excise this joint; but in the mean time, as the fore-arm and hand are cedematous and congested, we will try what can be gained by emptying the capillaries by pressure and applying cold. The elastic bandage will unload the blood-vessels, and, if the morbid process has not advanced too far, we may save the joint.

This gum bandage, if applied only around the elbow, would quickly strangulate the limb, and cause mortification by obstructing the circulation. In order to avoid this, we apply it regularly up from the hand (having the fingers first separated by cotton wadding), so as to equalize the compression. The joint will now be surrounded by an ice-poultice, to keep down heat and inflammation, and he shall have anodynes, and a supporting treatment. As there is no disease of the articular cartilages, extension is not required.

HIP-JOINT DISEASE—SAYRE'S APPARATUS.

This boy has trouble in his hip-joint, with great deformity: as his mother speaks but little English, and he none at all, it is impossible to gain a satisfactory history of the case. He is rather old for true hip-joint disease, and I am in doubt whether it was not originally a diastasis. However, you shall hear the few notes of his history that we have been able to obtain. He is a Dane, about 15 years of age. He was a strong, healthy child until ten years ago, when he commenced to limp; this was followed by an abscess in the hip-joint, which still discharges through several sinuses. His mother is positive that he received no injury at that time; but she may be mistaken, as children are often crippled by a nurse's carelessness, while the mother remains ignorant of the cause.

In order to estimate the deformity in a case of hip-joint disease, place the patient straight on his back on a table or the floor; then, having an imaginary line drawn parallel with the iliac crests, at right angles with the axis of the spinal column, and the sound leg extended, the distortion is apparent. Applying this to the case before us, we see the affected thigh lying across the abdomen with the knee above the opposite iliac crest,—an impossible position if the joint was normal. As he resumes the erect position, the pelvis "cocks up like a duck's tail" in the effort to accommodate itself to the disease, and the deformity is less marked.

There has been serious destruction of this joint, and the constant suffering and discharge have greatly affected his general health, and, if unrelieved, would undoubtedly cause his death. He is anæmic, and apparently broken down by the disease; yet he will bear the suppuration and shock of the operation really much better than his appearance would indicate, from the fact that the system has in a measure begotten a tolerance of the disease and endeavored to accommodate itself thereto.

It is of great importance to recognize hip-joint disease in its incipient stage, so as to give it the advantage of treatment as early as possible. Two principal points in the diagnosis are pain and position. The pain complained of is intermittent, may be felt anywhere along the limb, but is most frequently referred to the knee, and often attacks the patient suddenly at night. This is produced by the sudden, forcible impact of the diseased articular surfaces, caused by reflex spasmodic contraction of the hip-muscles, from the irritation of the nerve-filaments terminating in the diseased tissue. And this may be taken as a hint for diagnosis. If the joint is inflamed and painful, you can relieve the sufferer at once by simply making extension at the heel; if, on the contrary, you press the diseased articular surfaces together, you elicit unmistakable evidences of pain.

Now, as regards position. In the natural joint the fibres of the capsular ligament, especially that part of it known as the Y or ilio-femoral ligament, run obliquely across the joint. When the capsules become distended by effusion, it can only accommodate itself and increase its capacity by untwisting: this rotates the thigh outward, and slightly lengthens the limb. In this, which may be termed the stage of effusion, the toes are everted, and the heel of the affected limb presents towards the opposite instep. When the disease advances farther, the capsule becomes ruptured, and the effusion escapes; but if the bone becomes extensively diseased it may be gradually disarticulated, and rides on to the dorsum of the ilium; and you will then have the deformity accompanying the iliac dislocation, rendered more marked by the destruction of bone and atrophy of the muscles.

When there is pus in a joint, accompanied by destruction of the synovial membrane, there is no more dan-

ger in opening the joint than in evacuating an abscess in any other situation. The destructive process may sometimes be checked in hip-joint disease by liberating the pus early and applying extension.

The patient being etherized, I will make a free horse-shoe incision around the great trochanter, directly down to the bone. I will not make a careful dissection of each layer of tissue, and divide them upon a grooved director, because by so doing I should make a number of leaflets by which pus could burrow and dissect the neighboring structures; but, selecting a point midway between the edge of the trochanter and the crest of the ilium, I plunge the knife directly into the joint. I find the head and neck of the femur entirely gone; the trochanter minor is eroded and altered by new bony deposit. The acetabulum is good. I will now make an incision through the periosteum, and peel it carefully from the bone. We will now remove the head of the femur below the seat of the disease, being careful not to disturb the insertion of the psoas magnus and iliacus internus in the periosteum in front,—a point of great importance as regards the future usefulness of the limb. In order to straighten the leg we are obliged to cut the tendon of the tensor vaginæ femoris, which, from the distortion, is immediately over the femoral artery. The tendons of the adductor and gracilis must also be divided close to their origin. The tenotome, which should not terminate in a point, but in a cutting edge, is passed behind these muscles, then turned forward so as to shave them from the bone. I will encourage immediate union between the walls of the chasm thus made, and prevent an abscess, by pressing them together by an adhesive strip.

We will not close the wound on the hip, but allow it to remain open for two days, in order to encourage the discharge of pus and prevent infiltration, which we will further guard against by making pressure along the lips of the wound by adhesive strips. The wound shall be packed with sponge, and the periosteum kept distended until bony deposit takes place. The wound is dressed with Peruvian balsam, which, as it contains creasote, is a disinfectant; and I prefer it to carbolic acid because it is far more agreeable.

Rest for the joint is now imperative until the time comes for passive motion, which will prevent ankylosis and make it an ununited fracture. By some surgeons the patient is kept in bed with extension on the leg, but by my apparatus—the "wire breeches"—the object is attained without confining the patient to bed or to the house, as he can go out and get the fresh air every day,—a great advantage to these broken-down subjects of a chronic disease. The apparatus consists of an iron-wire frame-work to support the body and legs, with a movable head-rest, and two foot-plates working by screws, so that strong extension may be maintained when they are fastened to the feet. Lateral strips of plaster run up the inside and outside of each limb, and are then attached to the foot-plates. If extension were made from the foot only, it would strain the lateral ligaments at the ankle. Some oakum being placed in the perineum to relieve the pressure, the pelvis is fastened by a roller bandage, which, running through the perineum and fastening to the side of the apparatus, serves to make counter-extension. Having the foot-plates attached, a folded newspaper is laid over the sound knee, and the limb surrounded by a roller bandage, so as to prevent it from bending and convert it into a solid column of support for the pelvis. The affected limb is now screwed down until it is straight, and we find a shortening of nearly four inches. The extension will be gradually increased as the fascia stretches and the stiffened tissues yield. The pelvis has so long been held at an angle with the spine that it refuses to straighten immediately; but we will put in a

wedge of pillows under his back that can be gradually reduced. The patient now requires good nursing and careful attendance; the wound should be dressed several times a day, if necessary. This can be done without changing the apparatus, which may remain indefinitely. He shall have an anodyne immediately, and good food, cod-liver oil, and stimulants.

Here is a little girl,—a similar case,—operated upon nine weeks ago. She now walks on crutches. There is considerable motion in the joint, as she can lift her foot to put it on a small stool, and, by stooping, flex the thigh at right angles to her body.

TRANSLATIONS.

INFLUENCE OF THE VENOM OF CROTALUS HORRIDUS UPON ELEPHANTIASIS.

From the Portuguese "*Dicionario de Medicina Popular*, por S. L. N. CHERNOVIZ, M.D., Rio de Janeiro, Brazil."

ACCORDING to vulgar belief in many of the States of South America, where elephantiasis is very prevalent, the bite of the rattlesnake is a certain cure for that fearful disease, without any disastrous consequences to the patient. Rumors of cures made by this means came to the ears of a poor unfortunate who was suffering from the affection, and he determined to try it.

His history is given, in the hope that it may destroy confidence in so unscientific a procedure, and deter any one from an experiment that would be perilous, if not fatal, to life.

Mariano José Machada, æt. 50 years, a man of medium size and athletic constitution, a native of the province of Rio Grande do Sul, Brazil, was attacked by elephantiasis in its severe form; and it made such rapid progress that he was soon disabled and obliged to enter the Lazarus Hospital, in the city of Rio de Janeiro. Here he remained a helpless invalid during four years, subjected to every manner of treatment, without the least improvement in his condition. The disease had extended over his entire body. The skin was everywhere brawny, fibrous, and hypertrophied. The subcutaneous and adipose tissues were increased, and tuberculated lumps were scattered over the body. In the axillæ many of these had ulcerated, and discharged a sanious pus, mixed with shreds of degenerated tissue. The dartos was hypertrophied and hard. His face presented a horrible deformity. The extremities of his fingers had lost their shape; their epidermis could be easily separated in shreds, and the nails were so altered as to be unrecognizable.

Suffering constant pain, a loathsome object, despairing of relief, hating a life so burdensome and dreadful, he caught at the slender hope offered in the reports which reached him, and resolved to ameliorate his condition or die.

The hospital physicians explained to him the uselessness of the remedy proposed, pointed out the certain fatality of it, and endeavored to dissuade him from his determination; but in vain.

He said he was tired of living, and would submit himself to the ordeal, whatever might be its result. He made a statement to the people, and signed a declaration that he acted by his own free will against the advice of his physicians, and that he himself assumed all the responsibility.

Accompanied by his medical attendants, and by a great multitude of people attracted by the novelty and desperation of the proposed act, he proceeded to Rua da Imperatriz, No. 61, where a gentleman had a large rattlesnake in a cage, and, passing his right hand into it, seized the snake around the body. The animal

turned its head and rubbed its nose against the hand upon him. Mariano then tightened his grasp, and the snake buried its fangs in his finger.

This occurred at 11.50 A.M. on the 4th of September. He did not then feel any sensation from the bite, nor from the poison introduced into the wound, and only recognized that he was bitten by the drops of blood upon his finger, and the swelling which soon supervened.

Five minutes after, he experienced a sensation of cold in the hand; and ten minutes later, he felt a slight pain in the palm.

At 12.30 P.M. his hand had increased in size, and the pulse beat much stronger.

At 12.50 his sight became dim, he experienced considerable itching about the face, the volume of the hand was greater, and the pain had extended up the forearm.

At 1 o'clock he was seized with trembling over the entire body, and there was great hyperæsthesia.

At 1.36 the hand was greatly swollen, the forearm somewhat enlarged, the pain had extended to the shoulder, there was difficulty in moving the lips, with a sensation of choking, the pulse was more frequent, somnolence manifested itself, and the intellect was profoundly disturbed. Soon after, he complained of feeling cold, and covered himself up with the bedclothes.

At 1.48 he had pain in the tongue, which extended to the throat and stomach.

At 2 o'clock there was difficulty in articulation, and twenty minutes later of deglutition, accompanied by anxiety; there was copious perspiration upon the anterior surface of the body.

At 2.38 the pulse was 96 beats in a minute, there were much restlessness and prostration, and epistaxis commenced.

At 3.5 there were great pain in the arm and face, general perspiration, continuous nasal hemorrhage, and involuntary groaning.

At 3.35 the patient swallowed wine and water without difficulty, though he felt much pressure in the throat; the respiration was labored, and his acute pain did not permit any rest. The nasal hemorrhage continued, and several pustules in the right axilla began to bleed. The arm had become much darker in color, and a redness had become diffused over the entire surface of the body.

At 4.50 his pulse was 104, the temperature of his skin was much above the normal, and saliva dribbled freely from his mouth.

At 5.30 he passed an abundance of urine.

At 7 o'clock the patient slept, groaning continuously, and soon after awoke with a severe pain in his breast and a sensation of choking. Had a copious evacuation of urine. The hemorrhage still continued. He was given aguardente,* water, and sugar, but could not swallow.

At 9.30 he was in a deep, quiet sleep.

At 10 o'clock he took three tablespoonfuls of an infusion of guaco,† and at 11 he took four more of the same.

At 12 P.M. he was sleeping, and apparently comfortable.

At 12.30 A.M. the patient awoke in great alarm, shouted wildly, and wished to confess to the priest. Continued to take the infusion every half-hour. His symptoms for the remainder of the night were much the same. Nasal and pustular hemorrhage continued; he had much pain, was restless, would sleep a little and then awake in great alarm.

At 9.45 A.M. blood appeared in the urine; there were great prostration, and convulsive movements of the throat and lower extremities.

* Aguardente, the common spirit of Brazil, distilled from the fermented juice of the sugar-cane.

† Guaco huaco—the name of a plant indigenous to South America, called *Eupatorium guaco*, order Compositæ: used by the negroes as a specific for snake-bites.

At 10 o'clock a large sinapism was applied to the inner surface of each thigh; he was given an enema of aguardente and water, and by the mouth $\frac{f\text{ij}}$ of lizard oil.

At 11.30 he became comatose, and died quietly. His body was livid in color, covered with purple ecchymoses, exhaled a most offensive odor, and soon swelled to a great size.

G. T. PIZA E ALMEIDA, Student, and
W. H. WINSLOW, M.D.

743 SOUTH TWENTIETH STREET.

ANÆSTHESIA OF THE RETINA.

DR. HIRSCHLER (*Wiener Med. Presse*) calls attention to the fact that, although a large proportion of cases of amblyopia and amaurosis have been explained by the use of the ophthalmoscope, there still remains a considerable number of cases of blindness for which no adequate solution has yet been given. Among these he mentions cases of so-called anæsthesia of the retina, and calls attention to the loss of sight occurring in feeble and hysterical patients. He mentions also those cases of amaurosis which occur suddenly after emotional excitement, or are due to traumatic causes.

A short time ago Dr. Hirschler had the opportunity of observing the case of a woman aged 40 years, who had been injured in the eye by the explosion of a percussion-cap. Immediately after the receipt of the injury, the patient felt pain in the eye, accompanied by the sensation of strong light. The next day she noticed that she was blind in the left eye, and presented herself to the doctor. Nothing abnormal could be seen about the eye, with the exception of a high degree of short-sightedness and strongly-contracted vessels, nor did the patient complain of any pain. If a lamp was held before the eye at a distance of two inches, she was able to see a small point of light; but with this exception she was totally blind. Four days later, the patient was able to see the flame of the lamp at a distance of ten inches, but in other respects her condition was unchanged. In the treatment of the case hypodermic injections of strychnia were employed, but were soon discontinued, owing to the occurrence of symptoms of strychnia-intoxication. Nine days after the accident, a slight improvement was noticed, which steadily increased.

On the 15th of November, about a month from the time of injury, the patient could read Jaeger No. 4, and was regarded as entirely recovered. This case was regarded as a very instructive instance of "anæsthesia retinæ traumatica," and the contraction of the retinal vessels, alluded to above, played an important part in the production of the blindness. The contracted state of the vessels was due to cramp of the muscular tunic excited by the injury. The improvement which was noticed was due not to the influence of the strychnia, but to the remission of the contraction of the muscular tunic.

WILLIAM ASHBRIDGE, M.D.

THE ACTION OF BROMIDE OF CALCIUM.

ACCORDING to the statements of Hammond (*Berliner Klin. Woch.*: Guttman), the bromide of calcium displays more activity in its action in nervous diseases than the bromide of potassium, because it is more readily decomposed, and thus furnishes free bromine more quickly. This last inference can scarcely be supported, since Guttman and Eulenberg have already demonstrated that the action of bromide of potassium is

not due to the bromine which it contains, but to the potassium, and that it operates in the same way as the other potassium salts. The bromide of sodium, on the other hand, has a different action from the bromide of calcium, since it manifests the same powers as the other sodium salts,—a conclusive proof that the bromine is not the active constituent in the salts under discussion. These experimental results are confirmed by the therapeutic use of these salts, the cheaper chloride of potassium being substituted for the more costly bromide. Bromide of calcium is three to four times less active than bromide of potassium, it requiring the injection of one-fourth gramme of the lime salt to kill a frog, while eight grammes were needed to produce the like result in a rabbit. The fatal results manifested themselves more slowly than after the smaller doses of the bromide of potassium,—two to four grammes of the last-named salt producing death in a rabbit in thirty minutes, while, with eight grammes of the bromide of calcium, death occurred only after several hours. The animals died with the symptoms of a gradually increasing collapse.

The evidences of the poisonous action of the potassium salt are of an entirely different character: the animals die with symptoms of paralysis of the heart, dyspnoea, convulsions, and symptoms of suffocation. The action of this salt upon the heart in warm-blooded animals is so marked that its effect upon the nervous system is scarcely noticeable. The bromide of calcium, on the contrary, does not act at all upon the heart, but upon the nerve-centres, and to a much less degree than the bromide of potassium. The iodide and chloride of calcium act in exactly the same way as the bromide.

It can then be stated, in summing up the facts relative to the action of these salts, that the bromide of calcium acts as do the other calcium salts, and that the bromine is not the active element.

The bromide of calcium is, like the bromide of potassium, a sedative to the nervous centres, but is much weaker, and if it is to be used in therapeutics must be given in much larger doses.

WILLIAM ASHBRIDGE, M.D.

CONDITION OF THE UTERUS IN PROSTITUTES.

SEYDEL gives (*Berliner Klin. Woch.*) the following results from examinations made upon 160 prostitutes:

1. The gynecological affections of women of this class are, for the most part, affections of the uterus and the urethra (especially of the orifice of the urethra).
2. Catarrhal affections of the mucous membrane of the uterus are the most common, then inflammatory enlargement of the uterine tissues; while parametritis and changes in the position of the womb are less frequent.
3. In the urethra the most frequent pathological change is at the orifice, and is due to gonorrhœal infection and mechanical violence.
4. The discharge from the mucous membrane of the vagina and uterus is the cause of the infrequency of conception and of the frequent occurrence of abortion in women of this class.

WILLIAM ASHBRIDGE, M.D.

HYPODERMICS OF WHISKY (*Medical Record*, February 16, 1874).—In a case of shock from railway injuries, the patient was treated with hypodermic injections of from fifteen to thirty drops of whisky, his pulse being sufficiently strengthened in this manner to warrant amputation of the leg.

PHILADELPHIA MEDICAL TIMES.

A WEEKLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

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SATURDAY, MARCH 7, 1874.

EDITORIAL.

HERE AND THERE.

IN America, when a young medical man whose enthusiasm has not yet been rendered torpid by the frosts of professional indifference or exhausted by the struggle with circumstances desires to do any original experimental work, he seeks out some hidden stable-loft, or perhaps by good luck obtains a corner during the summer months in some dissecting-room; and, it may be, going without his dinners to acquire the means for the purchase of his simple instruments, works away as best he can. Supposing his talents equal his enthusiasm, and that a fair measure of scientific success reward his efforts, what is the result? He has, perhaps, the satisfaction of seeing his articles quoted abroad approvingly; but at home grave professors look upon him pityingly or perhaps sneeringly; middle-aged brethren, remembering still the days of their youth, say that he will get over it; and, whilst others of his class float easily with the tide into competence and comfort, he struggles and works all the time against the rapids.

Some years since, we heard a professor in a leading medical school—a man, as measured by our standards, deservedly foremost in his profession—say to a young physician, “Doctor, I was like you when I was young: I worked hard, my papers were very well received, but I found that it did not pay. What do you get for it? Who cares any more for you? You will carry it on till you are thirty or a little older, and then you will be like the rest,—you

will give it up.” The career of the professor has been the reflex of his words,—an industrious, fruitful youth, many years of absolute barrenness in the professorial chair; and his words were the words of wisdom, his acts the result of a profound appreciation of the drift of the times, and of the means of securing the rewards valued of men.

The youth, as we watched him during the conversation alluded to, looked on with incredulity and wonder; but on talking with him recently we learned that he too had drunk of the waters of Marah and found them bitter, and we greatly fear that an election to a professorship is all that is needed to turn his steps into the trodden path and to teach him the refrain,—

“Ah, why

Should life all labor be?

Let us alone. Time driveth onward fast,

And in a little while our lips are dumb.

Let us alone.

All things have rest, and ripen toward the grave

In silence; ripen, fall, and cease.

Give us long rest or death—dark death, or dreamful ease.”

In a late number of the *Edinburgh Medical Journal* is an account of the Physiological Laboratory under the care of Professor Ludwig, at Leipsic, an account which we commend to the attention of those who wonder or are annoyed at the little recognition that American scientific medicine receives abroad. The laboratory is built so as to surround three sides of a rectangle, with a court-yard in the centre, and is about one hundred and twenty feet in each direction. It is furnished with various rooms for chemical, histological, and physiological work, with an aviary, frog-ponds, stables, rooms for small animals, etc., etc.: all necessary apparatus, from a steam-engine to prepare blood-serum, to a table and automatic respiratory bellows for curarized animals, is in profusion.

Here students are received, and after a little training are put to work under the direction of Professor Ludwig, who is thus enabled to multiply, as it were, his hands, and thereby do far more justice to his brain-power than if he had to work out all his ideas himself. The result is already seven goodly volumes of valuable researches,—a result which alone is more than America has produced in the century.

If we omit Brown-Séquard,—a cosmopolitan bird of passage,—Leipsic, a town about the size of Providence, contributes to the world in a single year more in physiology than is worth the looking at than does America in a decade. Not because the German intellect is superior to the American, but because the Germans elect professors who are workers, and would eject as a *lusus naturæ* one who did not

continue to work whilst holding his position; and because the Germans encourage young men, and give them training and opportunities for work and guidance in their early flights.

CORRESPONDENCE.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR SIR,—On p. 325 of your last issue I find a phonographic report of some remarks I was kindly permitted to make before a meeting of Philadelphia physicians a few days ago. As I had no opportunity of seeing the manuscript of the reporters, a number of mistakes have unavoidably crept in. Thus, "Dalton, of Holland" ought to read, D'Alton, of Halle; "Braun," Boehm; "embryo," amnion; "Kernoch," König. If I had a right to expect that my extemporaneous remarks on that interesting occasion could command anything but a temporary attention, I should also have desired to add a few corrections in regard to facts stated by me. For the moment, I trust you will be so kind as to insert the above changes.

Yours, very respectfully,

A. JACOBI, M.D.

110 WEST 34TH STREET, NEW YORK, February 24, 1874.

PROCEEDINGS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, JANUARY 8, 1874.

THE PRESIDENT, DR. WILLIAM PEPPER, in the chair.

DR. C. B. NANCREDE read the history of a case of *sarcoma*, for which see current number of the *Times*.

Dr. J. E. MEARS presented a specimen of a heart showing marked *disease of the mitral and aortic valves*.

The specimen was removed from a patient of Dr. R. R. Taylor, with whom Dr. MEARS saw the case in consultation.

The patient had been confined ten days previous to the attack. On that day she was exposed to cold, and symptoms of pulmonary congestion rapidly manifested themselves. The heart's action was markedly increased, the pulse attaining 130 beats per minute.

On auscultation, *no mitral murmur* could be detected. The pulmonary sounds and the extremely rapid movement rendered the aortic murmur very indistinct,—almost inappreciable. Arterial sedatives were employed without effect, as well as remedies both internal and external to relieve the congestion; the patient dying on the second day of the attack, from exhaustion.

Post-mortem examination revealed disease of both mitral and aortic valves. A mass, apparently of vegetations, covered the auricular surfaces of the mitral valves, leaving an opening between the auricle and ventricle about the size of a crow's quill. The nature of this mass was not determined by microscopic examination. The aortic valves exhibited structural changes, but to a much less extent.

A question of clinical interest presented itself in reference to the absence of a mitral murmur, with the valves in the condition observed, and with the extremely rapid action of the heart.

Dr. O. C. ALLIS presented a specimen of *intra-capsular fracture of the femur*, occurring in a female 77 years of age, who had fallen on the sidewalk. The usual symptoms were present, though crepitus was too indistinct to be of value in diagnosis.

The person survived the injury but fourteen days.

The specimen represents the fracture as being, *in front*, about half an inch above the *anterior inter-trochanteric line*; *behind*, midway of the neck. A reflection of the capsular ligament posteriorly holds the head of the bone to the shaft.

Dr. JAMES TYSON presented the specimens from a case of *advanced mitral disease of the heart, conjoined with disease of the kidneys*, derived from a married woman, aged 34, who died under his care at the Philadelphia Hospital. There were ascites, general oedema, and abundant albuminuria on admission, accompanied by oil-casts. The albuminuria and casts disappeared under treatment, but the signs of cardiac disease continued, and, although the oedema diminished, much of it remained. She died of acute intercurrent pleurisy with effusion, previous to which there had been no hydrothorax.

On post-mortem examination the mitral leaflets were found to have coalesced, forming a mere button-hole opening, the edges of which were rigid from calcareous deposit, and therefore incapable of closure.

The epithelium of the convoluted tubules was in many places fatty, but in others only slightly altered.

From the history of the case, the extent of the disease, and the abatement in the renal symptoms, as well as the somewhat limited degree of the alterations in the kidney, the doctor thought the cardiac disease primary, and the renal affection secondary.

A full report of this case, which contains many points of extreme interest, will be published in a clinical lecture in a later number of the *Times*.

The PRESIDENT said that such extreme degrees of mitral obstruction from coalescence of the leaflets of the valve comparatively rarely make their appearance in adult life. More frequently the symptoms show that the lesion dates back to an early age, and it is probable that in some cases it may arise during fetal life.

In regard to the absence of albuminuria during the latter part of the case just reported, he referred to an autopsy made the day previous on a patient whose clinical history presented some points of resemblance. The man was about 70 years of age, and presented evidences of eccentric hypertrophy of the heart, with slight insufficiency of the mitral valve. This was associated at various times with oedema, ascites, and hydrothorax. Paracentesis of the chest had been performed with very great relief, which lasted over eighteen months.

For a period of four years, during which the patient was under his observation, there was never evidence of albuminuria. From the appearance of the man, however, and the fact that he was passing large quantities of urine of low specific gravity, the existence of a contracted kidney was suspected. At the post-mortem examination there was found advanced cirrhosis of both kidneys, which had never revealed itself during life, except by the symptoms mentioned above.

MEDICAL SOCIETY OF THE COUNTY OF ALBANY, NEW YORK.

SEMI-MONTHLY MEETING, JANUARY 28, 1874.

DR. JOHN SWINBURNE, PRESIDENT, in the chair.

ACEPHALOUS MONSTROSITY.

DR. L. R. BOYCE presented a specimen of an acephalic monster. The woman who gave birth to it is the mother of five children. She had also aborted

once from ill health, probably due to hard work and exposure.

The present fœtus was cast off at the seventh month. The ill health of the mother commenced two or three years ago, and has continued to the present time. She was in labor two and a half hours, passing through it without difficulty.

The fœtus presented a lack of development of the head, the brain being wanting. There is also a spina bifida and hare-lip. The cause for this undeveloped condition was sought in defective nutrition, due to the poor health of the mother.

Dr. LEVI MOORE remarked that he had a similar case several years ago. The parents were both healthy, and healthy children have been produced by them, both before and since the birth of the monster.

Dr. THOMAS BECKETT said that he had also met with a case of the same nature. In his case there was an enormous secretion of the liquor amnii,—a bucketful. The same has been observed by others, and the cause of the monstrosity has been looked for in an abnormal condition of the amniotic membranes.

RUPTURE OF THE HEART.

Dr. LEVI MOORE presented a case of rupture of the heart.

The patient had been subject for many years to stricture of the urethra, rendering micturition slow and painful. Four weeks before his death he began to suffer severe pain in the left side and shoulder, which was aggravated by exercise. He had also occasional attacks of dyspnoea. No organic lesion of the heart could be detected. Anodynes, nutritive diet, and absolute rest improved his condition for a time. After taking a short walk he experienced great fatigue and a return of pain; and, after passing a restless night, he died suddenly while seated in a chair.

At the autopsy there was found a rupture of the left ventricle, near the base. The pericardium was distended by a large clot and about six ounces of serum. The tissue of the heart was pale and flabby. The right pleural cavity contained sixteen ounces of serum.

Dr. MOORE mentioned the various causes and conditions of rupture of the heart, and remarked that while rupture in most cases takes place suddenly, causing immediate death, in others, of which the one presented seems to be a specimen, there is a gradual yielding, going on for weeks, until rupture finally becomes complete.

Dr. BECKETT mentioned a case of rupture of the heart occurring in the person of a man who had always been healthy, and was found dead in bed, no extraordinary muscular exertion having been made. The rupture occurred in the right auricle, and the valves were almost completely calcified; his age was 50.

Dr. JOHN V. LANSING presented a case which he had recently met with; the patient, a man aged 74, who had been previously in good health, was taken at four o'clock A.M. with præcordial pain and dyspnoea, the pain passing down both arms to the fingers. Ether, carbonate of ammonia, and hypodermic injections of morphia were administered. He died next day while at stool. A large rent was found an inch from the apex of the right ventricle. There had been an apoplectic effusion about the point of rupture. The coronary arteries were atheromatous, and one was involved in the rupture. The heart weighed two pounds, and its tissues were fatty. It was invested by a firm coagulum.

It would seem in this case that the heart began to give way when the first symptoms came on. What was the cause of the rupture? It is usually associated with violent exertion, which could not have been the case here. Can it not take place from muscular contraction of the organ, a fatty condition being presupposed?

What is the cause of death in rupture of the heart? Is it pressure on the organ, or shock, or loss of blood from the circulation? All would seem to contribute in causing death.

The heart is sometimes subjected to great pressure by pericardial effusion without fatal issue.

Dr. LANSING remarked the fact that there was no serum, but simply a firm clot in the pericardium. In all the cases he had seen, the same condition was found.

Dr. C. D. MOSCHER spoke in regard to the cause of death in rupture of the heart: he mentioned a case of rupture of the aorta within the pericardium, in which the blood was probably escaping into the pericardium for about ten hours. The patient, having eaten freely, was taken with a disagreeable feeling and with pain, which were ascribed to indigestion. When seen, a few hours before death, he was laboring under dyspnoea, nervous excitement, exhaustion, and syncope.

A quart of solid and fluid blood was found in the pericardium, practically obliterating all the cavities of the heart. The interference with the action of the heart, and the loss of so large a quantity of blood from the circulation, were quite sufficient to cause death.

Dr. JAMES S. BAILEY also reported a case of *rupture of the heart*.

It occurred in the person of an elderly female. She had been affected for years with dyspnoea on exertion. Twenty-eight hours before death she was taken suddenly with syncope, and complained of a tearing sensation about the heart. Her countenance was blanched; pupils dilated; pulse scarcely perceptible, and no heart-sounds distinguishable; skin cold. There was found a rupture of the ascending aorta, half an inch above its origin; the internal coat being first perforated and dissected up a short distance before tearing through of the external coat took place. There was about a pint of solid and fluid blood in the pericardium.

Dr. VANDERVEER also reported a case which was very similar; the inner and outer coats of the aorta being ruptured in like manner at different points, and dissected up. He gave the details of another case, in which there was rupture of the left ventricle near the base. The patient, having felt perfectly well on rising in the morning, was taken with severe abdominal pain following the use of an enema to which he was accustomed. While suffering from this he was taken with pericardial pain, and died suddenly.

A third case, like the second in many respects, was also detailed.

Dr. J. H. BLATNER then read a paper on Cases in Obstetric Practice. (See Original Communications, p. 356.)

Dr. JAMES L. BABCOCK presented a somewhat unusual case of passage of a large piece of bone per anum. It came under his notice at the Almshouse Hospital, in a man coming from a distance, who claimed to be suffering from piles. He was very weak, and could not walk. Upon examination, he found the parts swollen, inflamed, and tender. Upon introducing his finger, he felt a hard body, which he succeeded in withdrawing. It was a piece of bone one and a half inches long by half an inch wide, which had become lodged in a cul-de-sac above the sphincter ani.

COLOR-TEST FOR CHLORAL HYDRATE.—If we agitate chloral hydrate with essence of mint, the mixture becomes rose-color, and by degrees a deep red. Boiling does not destroy this color, and sulphuric acid renders it even more intense. M. Carl Jehu says that neither the other oxygenated essences nor the simple hydrocarbons produce this reaction. — *Medical Press and Circular*.

REVIEWS AND BOOK NOTICES.

HISTORY OF THE AMERICAN AMBULANCE ESTABLISHED IN PARIS DURING THE SIEGE OF 1870-71; TOGETHER WITH THE DETAILS OF ITS METHODS AND ITS WORK. By THOMAS W. EVANS, M.D., etc. London, 1873.

The American ambulance during the French war was simply a tent-hospital, in which were treated during the entire period two hundred and forty-seven surgical and twenty-four medical cases. When we first compared this record with the goodly quarto of nearly seven hundred pages, we involuntarily exclaimed, "Behold how great a matter a little fire kindleth!" As, however, it certainly is allowable for the man who has honestly earned his fortune to spend a portion of it in raising to himself monuments of paper and ink, we find no fault with the author, who has intrusted to the Chiswick Press that task which others assign to the sculptor's chisel or the painter's brush. Indeed, we congratulate the doctor upon the wisdom of his choice, for in the fragile material of a quarto the modern arts furnish that which shall last when the granite has crumbled into clay or the bronze has been corroded into shapelessness. We do not mean to deny value to the book. Just as some of the fairest creations which have ever shot new rays of beauty across the world have been due to the longing for immortality of some one poor in genius but rich in pelf, so may the printed monument have much of literary and scientific value. In looking into the book, we find that Dr. Evans differs from most of those who seek immortality at the point of the chisel, in that he has himself made at least the pedestal upon which his monument rests, since one hundred pages out of the seven hundred are partially from his pen.

Space is wanting us to follow the fortunes of the really most praiseworthy efforts of the noble band of Americans to relieve the frightful suffering of the siege. Taking upon themselves the unknown perils of war, and, it might have been, of assault and sack, enduring privations, performing great and unpaid labors, risking their lives freely in the van of the battle,—they deserve the epitaph which is said to rest upon a tombstone of an American volunteer in Greenwood Cemetery: "The only son of a widow. 'She hath done what she could.'"

After examining the record, we judge that Dr. Evans bore the same relation to this work that he appears to have done to the volume before us: he largely *paid* for it, *i.e.*, for the medicines and running expenses. Certainly the sad days of the siege were spent by him in "Merrie England;" he having accompanied the Empress Eugénie in her flight, and "lingered in London" when the air was full of dark, unwholesome rumors of coming doom for the heroic city of Paris. Why should the prince of dentists risk that person and those fingers which had hung over and carved the molars, incisors, and premolars of so many crowned heads? Certainly this precious personage should be preserved at all hazards. Dr. Evans was wise. Dr. Evans was right.

The body of the book is made up of a well-written, very learned, and elaborate essay, by Dr. Edward A. Crane, upon the history and functions of army hospitals, and the use of tents: an essay which would have been a most excellent work in the antediluvian times, when a man could afford to dawdle one hundred years over the life of a gnat, but which at present would be improved by that minifying-glass known as an abridgment.

In concluding our brief notice of this monument to the aristocratic American dentist, we remark that the Chiswick Press has done its work well: the clean type,

black English ink, fine paper, and wide margins are all that even Dr. Evans could wish.

THE STUDENT'S GUIDE TO SURGICAL ANATOMY. By EDWARD BELLAMY, F.R.C.S. Philadelphia, Henry C. Lea, 1874.

This book, as stated by the author in his preface, is intended for the use of advanced students, either as a guide for operative surgery, or for candidates for medical degrees who need to refresh their anatomical knowledge previous to final examinations. The work is only a compilation, but contains much valuable information in a concentrated form. More distinctness in some of the illustrations would have added to their value.

DU TRAITEMENT DES RÉTRÉCISSEMENTS DE L'URÈTHRE PAR LA DILATATION PROGRESSIVE. Par T. B. CURTIS, of Boston, Mass. Paris, J. B. Baillière et Fils, 1873.

In this essay, to which was awarded the Civiale prize for the year 1872, Dr. Curtis enters most freely into the subject of the treatment of stricture of the urethra by gradual dilatation. His observations were made while he was a pupil of M. Guyon, and at the close of his essay are given full notes of seventy cases of stricture treated by progressive dilatation. After defining the various methods of dilatation, giving the indications and contra-indications for the use of this method of treatment, and stating the complications likely to arise during its use, Dr. Curtis gives the following conclusions:

1. Progressive dilatation is a satisfactory method for simple stricture not of traumatic origin, in which no previous treatment has been employed.
2. It is almost absolutely without danger.
3. Its average duration—twenty-eight days—is not much above that of other methods, especially if the time devoted to preparatory and consecutive precautions is taken into account.
4. It does not confine the patient to bed.
5. Relapses are not more frequent than after other methods.
6. As the cure by this method is a gradual one, it is not applicable to those cases in which there is urgent need to re-establish the flow of the urine.
7. In cases of irritable or elastic strictures this treatment is not applicable.
8. Chronic alterations of the kidneys usually offer a contra-indication for this treatment.
9. The treatment of stricture by permanent dilatation is not a method which is generally applicable.

PRESERVATION OF ORGANIC SUBSTANCES BY MEANS OF FUCHSINE.—Gelatin putrefies with the greatest facility at a temperature of twenty-five degrees, forty-eight hours only being required for it to become covered with mould, to liquefy, and undergo complete decomposition. If to a solution of gelatin is added a fifth part of fuchsine, it can be preserved in the open air during an indefinite period. A piece of beef weighing fifty grammes has been enveloped in blotting-paper moistened with a solution of a hundredth part of fuchsine. This piece of meat has been exposed to the air for several months, and has as yet undergone no alteration.

Urine to which one forty-thousandth part of aniline violet had been added was placed in a test-tube in contact with the air, and at the end of six months had undergone no putrefaction.—LANJEROIS, *Revue de Thérap.*, No. 9; *The Western Lancet*.

GLEANINGS FROM OUR EXCHANGES.

TRACHOMA TREATED BY GONORRHEAL INOCULATION.—Dr. Léon Brière reports in the *Bulletin Générale de Thérap.*, September 15, 1873, four hundred and four cases, from various sources, of pannus treated by the inoculation of blennorrhagic virus, derived either from the ophthalmia of the new-born, or from urethral or vaginal blennorrhagia. To these he adds five cases in his own practice. Having quoted with approval the conclusion of Roosbroeck, who has never seen any grave accident follow so seemingly frightful a plan of treatment, and who observes, "I regard these results as so complete, so marvellous, and so extraordinary, that I do not believe anything more beautiful exists in all ophthalmology," the author sums up in the following indications and contra-indications:

1. Inoculation gives results satisfactory in proportion as the pannus has arrived at a very high degree of development (without incurable complication on the ocular surface). 2. In pannus which is generalized over the whole surface of both corneæ, accidents are most rare. 3. Inoculation must never be practised in cases of unilateral pannus, as the most scrupulous care of the sound eye will not save it from contagion. 4. Inoculation is equally contra-indicated where the pannus is partial and where the cornea presents points. 5. In cases of double pannus, it is preferable to inoculate both eyes at the same time. It is a matter of indifference whether the inoculating matter be taken from an ocular, vaginal, or urethral blennorrhagia. An individual refractory to the influence of one kind may be affected by another virus, seemingly less active. The pus of acute urethral blennorrhagia is more active than that of the chronic disease. The material of inoculation should be picked up with a pair of forceps and deposited upon the palpebral conjunctiva. If its escape be feared, the conjunctiva may be punctured with a lancet or needle. The course of purulent ophthalmia of artificial induction is the same as that of accidental origin. Should the cornea not ulcerate, frequent applications of warm water should be made. Van Roosbroeck lets the affection take its own course. Should the cornea exfoliate (intense pain), Warlomont recommends the application of the nitrate of silver, in stick or solution.—*New York Medical Record*.

CONGENITAL STRANGULATED HERNIA IN AN INFANT (*British Medical Journal*, January 3, 1874).—Dr. Robert Somerville reports the case of a healthy boy, aged ten days, who, in the middle of the night, was seized with an attack of vomiting. It was soon after observed that he had a considerable tumor in the scrotum on the right side. There was no fever, and no unnatural fullness in the abdomen, but the vomiting persisted.

On examining the scrotum, it was evident enough that the swelling was an inguinal hernia. The testicle of the right side was felt in contact with the protruding end of the hernia, but the cord could not be made out, being lost in the tumor. On the left side both the testicle and cord were found in good condition. The handling of the hernia caused a good deal of pain to the child, so that taxis was not much persisted in, and was quite unavailing. At the same time, the symptoms did not seem very urgent; and, as the tumor was not so large as when first observed, it was decided to wait, enemata being administered, and carminatives being used to prevent the child's crying. In the evening the tumor was somewhat less than in the afternoon, and the child was easier, though the hernia could not yet be reduced, and there was no action of the bowels. Next morning the hernia was gone. The bowels had acted during the night, and the vomiting had ceased. With the exception of slight feverishness, which passed

off during the course of the day, the child was quite well.

No doubt the hernia was congenital and strangulated. Its rare occurrence at such an early age, and its spontaneous cure, seem to make it worthy of record.

CASE OF OVARIOTOMY (*New York Medical Journal*, February, 1874).—Dr. Charles H. Richmond reports the case of a married woman, 24 years of age, who consulted him concerning the continuance of the catamenia, which were regular, although she supposed herself to be six months advanced in pregnancy. It was found that she had an ovarian cyst. She was tapped once to relieve the abdominal distention, and finally, two years after the first appearance of the tumor, she was operated on in the usual manner, being anesthetized with bichloride of methylene. On reaching the peritoneum, that membrane was found congested and thickened, and it bulged through the wound, indicating the presence of free fluid within its cavity. It was laid open on a director, and a large quantity of serum escaped.

The tumor was found to weigh twenty or twenty-five pounds, and to have extensive pelvic and intestinal adhesions. It was then enucleated, the operation being concluded in thirty-eight minutes. Only one artery was tied, and the oozing which followed was controlled by the free use of persulphate of iron.

Fever, vomiting, and tympanites continued for a few days subsequently, indicating some peritoneal inflammation, the patient being sustained by brandy, iced champagne, and enemata of beef-tea and quinine. After seven or eight days a serous discharge occurred near the pedicle, and about the fifteenth day became purulent and offensive. From the seventeenth to the twenty-fifth day considerable quantities of black, membranous sloughs were discharged through the opening near the pedicle. In a week or two more this discharge ceased, and soon after the patient completely recovered.

A NEW SOLVENT OF PHOSPHORUS (*American Journal of Pharmacy*, January 1, 1874).—Mr. A. W. Gerrard has found that resin—"the residue of the distillation of the turpentine"—is capable of dissolving four or more per cent. of phosphorus. He melts the resin, and, while it remains fluid, adds the phosphorus, a piece at a time, and in the proportion of four of the latter to ninety-six of the former. The bottle, during this process, should be kept in a sand-bath at a temperature between 200° and 210° C. He calls the resulting substance phosphoretted resin, and suggests the following formula for its exhibition:

R Phosphoretted resin (4 per cent.), 25 grains;
Powdered white sugar, 75 grains;
Tincture of Tolu, a sufficient quantity.

Pulverize the resin, mix with the sugar, and form into a mass with tincture of Tolu,—eight to ten drops are sufficient,—then divide into twenty pills; each pill will contain one-twentieth of a grain.

EMPLOYMENT OF METALLIC MERCURY (*The Lancet*, January 10).—Dr. Kirchstein relates a successful case of the above. The patient was a robust fisherman, subject to cramps in the stomach. There was complete obstruction of the intestinal canal, with tympanites, fecal vomiting, etc. All the usual external and internal means proved unavailing. After five days, and when the prognosis became most grave, Dr. Kirchstein thought of metallic mercury, and two tablespoonfuls, at half an hour's interval, were administered in the evening. The vomiting soon ceased, and towards the morning the patient passed a great many hard, charcoal-like scybala. He rapidly recovered. During the three weeks following, evacuation of globules of mercury was observed.

DOUBLE SPLEEN AND KIDNEYS (by Surgeon-Major G. W. Jameson, Civil Surgeon, Ghazee-pore).—The following is an extract from the notes of a post-mortem examination performed on the body of Bickhoo, resident of the city of Ghazee-pore, on the 28th of October, 1873.

In addition to one healthy well-developed spleen, there was a *second* similar one, connected with the abdominal vessels by separate communications of its own, and situated between the ordinary spleen and the liver. The smaller was of a roundish shape, and had a distinct hilus.

Weight of first spleen, 9 oz. 1 dr. 6 gr.

Weight of second spleen, 1 oz. 1 dr. 30 gr.

Besides the above abnormality, there were four kidneys: two of these were well developed, healthy, and in the usual situation, while the second pair were small, intensely inflamed, and situated lower down than the other.

The four kidneys had each their separate arterial and venous attachments and ureters.

Weight of the two normal kidneys, 5 oz. 4 dr.

Weight of the two smaller kidneys, 1 oz. 4 dr. 24 gr.

The bladder was exceedingly small, walls much hypertrophied, and the mucous coat somewhat inflamed. No calculus in bladder or urethra, and no stricture.

The mucous coats of both large and small intestines were inflamed and ulcerated.

Tissues infiltrated, and abdominal cavity filled with dropsical fluid.

Blood unusually fluid, no coagulum in any part of body; all the other organs tolerably healthy in appearance.—*The Indian Medical Gazette*.

ELECTRICITY IN PARTURITION.—Dr. Ullisse Martemucci (*Lo Sperimentale*) says that already in 1871 he had used electricity as an important assistant in cases of labor with uterine inertia, when ergot or rye had failed.

The method consisted, in one case, in applying the induced current, placing one electrode, with a moist sponge, on the right side of the abdomen, at the level of the umbilicus, and the other, also with a moist sponge, on the left, running over the abdominal muscles, first with the one and then with the other. In fifteen minutes the foetus was expelled, dead, without the use of forceps, which are always dangerous. In the *Gazzetta di Torino*, 1873, he reports two other similar cases, in both of which the children were born in the best condition of health. Also, in eight other cases he succeeded without the use of ergot. He observes that the labor takes place much more rapidly thus than when ergot is used, and that in these eight cases he never lost one foetus; whilst with ergot he lost one in four. Hence he derives the following corollaries. 1. By using electricity, the obstetrician has in hand a method of causing the cessation of uterine contractions whenever he chooses; whilst, when ergot is used, the action is constantly kept up. 2. When ergot is used, it is necessary that the labor should be speedily finished, on account of the foeticidal properties of the drug, because the foetus and placenta are so compressed as to make circulation difficult. 3. By the electric current, also, the obstetrician can leave off by turns, and again recommence the uterine contraction, which he cannot do in cases where ergot is used.—*The Doctor*.

CHLORAL IN CHOLERA.—In a report of nineteen cases of cholera treated by the hypodermic injection of chloral, contained in *The Indian Medical Gazette* of January 1, 1874, Dr. F. W. Higginson concludes as follows:

"An analysis of the treated cases shows that 89 per cent. of the entire number recovered; seven of them were in intense or severe collapse; two died; seven

were in mild collapse, all of whom were cured. In the others, collapse was warded off. The hypodermic injection was the sole treatment employed; the patients were supplied with cold boiled water to drink *ad libitum*: they were nearly all exceedingly poor, living in wretched huts. During their convalescence, the only nourishment they could afford was a very limited quantity of milk. The immediate beneficial effects of the remedy cannot be better described than by the expression so often used by my patients, 'I feel more life in me.' No ulceration whatsoever occurred where the injection had been made, a slight sensation of pain and hardness being all that resulted."

ECTROPION VESICÆ WITH EPISPADIAS (*The Lancet*, February 7, 1874).—At a meeting of the Royal Medical and Chirurgical Society, Mr. John Wood showed two cases which had been operated on with success by his plastic method. Two plastic operations had been performed on each. The first consisted of a reversed flap of skin taken from the umbilical region, large enough to cover the exposed bladder, and turned down with its skin-surface towards the mucous membrane. The skin of the flap was in this situation quite devoid of hair, as is usual in these cases. Two other flaps of a lancet-shape were then taken, one from each groin, with the bases downwards, and placed upon the raw surface of the reversed flap. They were held together by harelip-pins and wire sutures. The second operation was effected by the transplantation of the anterior three-fourths of the scrotum from below the malformed penis to its upper surface, covering in the urethral epispadiac groove and forming a very complete prepuce, through and under which the urine flows, and completely enveloping the glans penis above and at the sides.

The result was highly satisfactory in both cases, and the patients were about to have a shield made with an india-rubber urinal attached, to fix on the restored penis and fasten to the leg, and thus enable them to keep dry and comfortable.

HEPATIC EMBOLUS (*The Lancet*, February 7, 1874).—Mr. L. W. Marshall reports the case of a laborer, æt. 21, who was crushed between two wagons. When he came under observation he was suffering severely from shock, and death ensued forty minutes after the occurrence of the accident. On the post-mortem examination the right clavicle and all the ribs on both sides, at their junction with the costal cartilages, were found to be fractured, the sternum, however, being uninjured. The peritoneal cavity was filled with blood, and on throwing back the abdominal parietes a long rupture was seen to pass nearly through the substance of the liver at the junction of the two lobes. The diaphragm was also torn at the upper part. On examining the heart, the right cavities were found to contain some clots, the left being empty and contracted. There was no valvular mischief. In the pulmonary artery, lying immediately in front of the valves, and almost filling the arterial tube, was found a piece of liver, conical in shape, and weighing a drachm.

The fact of a patient living for forty minutes after the receipt of such an extensive injury is remarkable; but that he should have lived so long with a piece of liver, which must have passed through the right side of the heart, fixed in the pulmonary artery, is truly surprising.

CASE OF LUMBAR HERNIA (*New York Medical Journal*, February, 1874).—Dr. W. N. Campbell reports the case of a boy, æt. 4 years, who, eighteen months previously, had suffered from an abscess in the left loin between the crest of the ilium and the last rib. It had been lanced and poulticed, and had continued to discharge until about a month before he came under ob-

servation. Then another tumor made its appearance at the point where the quadratus lumborum and latissimus dorsi intersect the external and internal oblique muscles. It became the size of a goose-egg, was soft and fluctuating to the touch, resonant on percussion, and could be reduced by performing taxis forward and inward, reappearing upon the patient's coughing or making muscular exertion. It was diagnosed to be a lumbar hernia, due, probably, to a disintegration of the muscular fibres of these muscles, owing to the long-continued discharge from the abscess.

LIGATURE OF THE CAROTIDS (*Detroit Review*, February, 1874).—Dr. Longworth draws the following conclusions respecting the therapeutic value of the several operations on the carotids:

1. Ligature of the common carotid is the widest in its application, but most dangerous and least efficient.
2. Ligature of the external carotid, below the digastric and stylo-hyoid muscles, is more limited in its application, but less dangerous and more efficient.
3. Ligature of the external carotid, above the digastric and stylo-hyoid muscles, is the most restricted in application, but also safest and most effectual.
4. Ligature of the external carotid on both sides has hitherto been uniformly successful, and is the most efficient measure at our command for arresting the distal circulation.

A KNIFE SWALLOWED, AND PASSED THROUGH THE ABDOMINAL WALL AFTER AN INTERVAL OF NINE WEEKS.—A female, 26 years old, during an attack of delirium tremens, swallowed a dessert-knife, the metal part of which measured six inches and a half. Eight weeks later a globular swelling made its appearance in the right side, nearly on a level with the umbilicus, and the sharp edge of a foreign body could be felt distending the skin, which was freely movable over the tumor. After some days the blade of the knife protruded through the skin, and was easily removed by slight traction without additional incision. The ivory handle had been entirely digested, and the extremity of the blade was rendered very thin by the action of the gastric juice. The nervous shock was considerable at the time of the removal of the offending body, but a good recovery was made without the formation of a gastric fistula.—*Liverpool and Manchester Medical and Surgical Reports*, 1873; *The Clinic*.

TETANUS NEONATORUM (*Boston Medical and Surgical Journal*, February 12, 1874).—Dr. Hüttenbrenner has drawn the following conclusions as the result of recent clinical experience:

1. Tetanus is not an absolutely fatal disease. 2. It can run through its course with or without fever. Those cases running a rapid course with high fever are the result of a general poisoning of the blood, whilst those cases without fever are to be regarded as of reflex origin and due to some peripheral irritation. 3. The cases without fever have a more favorable prognosis, although where the fever is high the prognosis is not absolutely a fatal one. 4. Chloral hydrate is by no means a specific, but is a remedy preferable to all others: (a) because it is a pure hypnotic; (b) because it has no unpleasant after-effects, as morphia has, causing hyperæmia of the brain; (c) because it is easily administered, and a cumulative action is very rare.

TEMPERATURE IN CASES OF INJURY OF THE SPINAL MARROW (*Irish Hospital Gazette*, February 2, 1874).—In consequence of numerous pathological observations and physiological experiments, Dr. A. H. Corley has arrived at the following conclusions: 1. There is a heat-regulating region of the cord, extending probably from the third cervical to the upper dorsal vertebrae.

2. This function resides in the gray matter. 3. The effects of injury differ, a simple lesion giving negative results, while a continual irritation produces thermal symptoms. 4. Nearly all the phenomena of ordinary fevers may be explained by an irritation, such, for example, as a blood-poison, acting in this particular region.

GALVANO-EMESIS.—Emesis may be produced by means of electricity, when other means fail or are impracticable. It may be brought about by introducing one electrode into the upper part of the œsophagus, and applying the other over the epigastric region. Dr. Fox relates a case, in the *British Medical Journal*, in which a child was brought to him in an asphyxiated state from eating poisonous mushrooms. He applied the current as above prescribed, and vomiting ensued immediately.—*Western Lancet*.

TRAUMATIC TETANUS.—**CALABAR BEAN.**—**DEATH.**—Dr. Charles B. Brigham reports (*Western Lancet*, February, 1874) a case of tetanus following wounds of the scalp and finger, in which death occurred in spite of the use of spinal ice-bags, chloroform, Calabar bean, and the continued galvanic current.

MISCELLANY.

A NATIONAL BOARD OF HEALTH.—The Congressional House Committee on Commerce, on January 28, authorized the chairman to report the bill to prevent the importation of contagious or infectious diseases into the United States.

It provides that the surgeon-generals of the army and navy, and the supervising surgeon of marine hospitals, of the Treasury, shall constitute a board of health, with the power to establish and enforce such rules and regulations as are necessary to prevent the importation of contagious diseases; and the regulations, when approved by the President, shall have the force of law. It does not allow any interference with State or municipal regulations.—*Medical and Surgical Reporter*.

THE Lepus Bairdii is a peculiar species of rabbit which is found in the mountains near the Three Tetons of Wyoming and the heads of the Snake River and the Missouri. One of its peculiarities is the habit which the males have of suckling the young. Numerous specimens of this sex were obtained by the naturalists of Hayden's geological survey of 1872, with well-developed teats and mammary glands filled with milk.

GUM camphor and hydrate of chloral, when mixed together in equal proportions, are converted, in the course of a few days, into a clear, colorless liquid.

NOTES AND QUERIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

THE next meeting will be held Wednesday, March 11, 1874, at 8 o'clock P.M.

The subject before the meeting will be "The Philadelphia County Medical Society."

The paper will be read by Dr. L. J. Deal.

All regular practitioners of medicine are invited.